


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: **ROMANS**
 Serial No.: **Not Yet Assigned**
 Filing Date: **March 7, 2001**
 Examiner: **Not Yet Assigned**
 Title: **A Non-Traumatic Model for Neurogenic Pain**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service via Express Mail No. EJ317336165US with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231, on the date indicated below:

03.07.01
 Date


 C. Steven McDaniel

POWER OF ATTORNEY BY ASSIGNEE

Under the provisions of 37 C.F.R. §§ 3.71 and 3.73(b), the undersigned assignee of record of the entire interest in the above-identified patent/patent application by virtue of an assignment recorded (check as applicable):

- ☒ Concurrently herewith
- ☐ Date Recorded _____
- ☐ Reel _____ Frame _____

and/or

- ☐ By virtue of the documents attached hereto showing chain of title into Assignee,

elects to conduct the prosecution of the application/maintenance of the patent to the exclusion of the inventor(s). The undersigned hereby declares that he has reviewed the above-referenced evidentiary document(s) and certifies that, to the best of his knowledge and belief, title is in the Assignee, and further declares that all statements made herein of his own knowledge are true and that all statements made on information and belief are believed to be true. The assignee hereby revokes any previous powers of attorney and appoints the following to prosecute this application/maintain this patent and transact all business in the patent and Trademark Office connected therewith:

Name
 C. Steven McDaniel
 Elizabeth R. Hall

Reg. No.
 33,962
 37,344

Attorney Docket No.: NERV-00100

PATENT

Please direct all communications to: McDaniel & Associates, P.C., P.O. Box 2244, Austin, Texas 78768-2244, Tel. No.: 512.472.8282, Fax No. 512.472.8181, to the attention of: C. Steven McDaniel.

ASSIGNEE

NERVE PAIN CENTER

Date: _____

By: _____
Printed Name: Mary Hannaman Romans, M.D., P.A.
Title: _____

Applicant: Romans
 Serial: Not Yet Assigned
 Filed on: March 7, 2001
 Title: A Non-Traumatic Model for Neurogenic Pain

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
 STATUS (37 CFR 1.9(f) and 1.27(c)) -- NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name Of Nonprofit Organization: Nerve Pain Center
 Address of Nonprofit Organization:

TYPE OF NONPROFIT ORGANIZATION

- ☐ University or Other Institution of Higher Education
☐ Tax Exempt Under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3))
☒ Nonprofit Scientific or Educational Under Statute of State of the United States of America
 (Name of State)
 (Citation of Statute)
☐ Would Qualify as Tax Exempt Under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3)), if Located in the United States of America
 (Name of State)
 (Citation of Statute)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization, as defined in 37 CFR 1.9(e), for purposes of paying reduced fees to the United States Patent and Trademark Office under Section 41(a) and (b) of Title 35, United States Code, with regard to the invention described in

- ☐ the specification filed herewith, with title as listed above.
☒ the application identified above.
☐ the patent identified above.

I hereby declare that rights under contract or law have been conveyed to, and remain with, the nonprofit organization, with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern that would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

**NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).*

Each such person, concern or organization having any rights in the invention is listed below:

☐
☒

No such person, concern, or organization exists.
Each such person, concern, or organization is listed below.

Name: Nerve Pain Center

Address: _____

☐

INDIVIDUAL

☐

SMALL BUSINESS CONCERN

☒

NONPROFIT ORGANIZATION

Name: _____

Address: _____

☐

INDIVIDUAL

☐

SMALL BUSINESS CONCERN

☐

NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name Of Person Signing: Mary Hannaman Romans

Title in Organization: _____

Address of Person Signing: _____

SIGNATURE: _____ Date: _____